

PERSONAL SERVICES REPORT FORM – FFY 2005 PROGRAM FUNDS

LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --
LSTA Sub-Grant Award #: _____
FFY 2005 Program Funds
CFDA No. 45.310
Appropriations enacted by P.L. 108-447

#LS-00-05-0041-05
South Carolina State Library
1430 Senate Street
P.O. Box 11469
Columbia SC 29211

Sub-Grant Project Title:

I. Sub-grantee (*organization*) Name: _____ Date: _____

II. Project Administrator _____ Phone: _____ E-mail: _____

III. Fiscal Officer _____ Phone: _____ E-mail: _____

IV. Provide the following information on funds requisitioned for salary and/or benefits (submit a separate form for each staff position):

Name of Staff	Title	Beginning Date of Employment
_____	_____	_____

V.	Personal Services Budget	Time Period Reported*	Cash on Hand at Beginning Period	Capital Adv Rec'd During Period	Funds Expended During Period	Cash on Hand End Period
Salary	\$		\$	\$	\$	\$
Benefits	\$		\$	\$	\$	\$
Total	\$		\$	\$	\$	\$

I certify that to the best of my knowledge and belief, the information above is correct and complete and that all expenditures are for purposes set forth in the approved LSTA sub-grant.

Submitted by: (Print Name) _____ Title: _____

Signature: _____ Date: _____

*Include beginning and ending date (month/date/year-month/date/year).